

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 578558

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5						
6						
7						
8						
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11						
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31						
32						
33						
34						
35						
36						
37			1			
38				1		
39			1			
40				1		
41			1			
42				1		
43						
44						
45			1			
46				1		
47						
48						
49						
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53			1			
54						
55						
56						
57						
58						
59						
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61						
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77						
78						
79						
80						
81						
82						
83				1		
84						
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86						
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88						
89						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	74	←		←
TOTAL CLAIMS			81			